

GENERAL FACT SHEET

06R-216

BILL NUMBER

BRIEF TITLE

Agreement - Harvest Project

APPROVAL DEADLINE

REASON

Space for the Lincoln Area Agency on Aging at the First United Methodist Church

DETAILS

POSITIONS/RECOMMENDATIONS

Approving the Harvest Project Contract between the City's Lincoln Area Agency on Aging and Lancaster County on behalf of Community Mental Health center to provide mental health, substance abuse, and aging services to elderly residents of Lancaster County for a one year period.	Sponsor	Law Dept. for Lincoln Area Agency on Aging
	Program Departments, or Groups Affected	County Board
	Applicants/Proponents	Applicant - Dana Roper City Department - Law/Aging Other
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals Basis of Opposition
	Staff Recommendations	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____
	OPERATIONAL IMPACT ASSESSMENT	_____ _____ _____
	FINANCES	
	COST AND REVENUE PROJECTIONS	COST of total project: \$ _____ COST of this Ordinance/Resolution \$ _____ RELATED annual operating Costs \$ _____ INCREASE REVENUE EXPECTED/YEAR \$ _____
		CITY [Approximately] _____ \$ _____ % _____ _____ \$ _____ % _____ _____ \$ _____ % _____ NON CITY [Approximately] _____ \$ _____ % _____ _____ \$ _____ % _____ _____ \$ _____ % _____
BENEFIT COST <input type="checkbox"/> Front Foot <input checked="" type="checkbox"/> Square Foot _____		

Average Assessment
 \$ _____ \$ _____
 (Figure sq feet \$costs # sq ft ÷ # of mos)

APPLICABLE DATES: July 1, 2006 to June 30, 2007

FACT SHEET PREPARED BY: Deborah Baines, Office Specialist/LAAA

REVIEW BY:

REFERENCE NUMBER